

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/09/2019 13:19
Date Of Accident	05/09/2019 15:05
Exact Location Of Accident	ORANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2003M
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	LIM SEOW YUEN
NRIC No	S8006641D
Email Address	EMCEETALK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91807902
Alternative Phone No	OFFICE-91807902

Vehicle Particulars

Manufacturer	BMW
Model	220-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00006870
Cover Note Number	

Driver

Name of Driver	LIM SEOW YUEN
NRIC No	S8006641D
Date Of Birth	03/03/1980
Occupation	INDOOR
Date Of Driving Pass	19/06/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91807902
Fax Number	
Contact Number	OFFICE-91807902
Email Address	EMCEETALK@GMAIL.COM

Address	2 JALAN TAMAN #02-03
Postcode	329023
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCV88X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CELINE
NRIC/Passport Number	
Contact Number	86839339
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 6/9/19
13:20

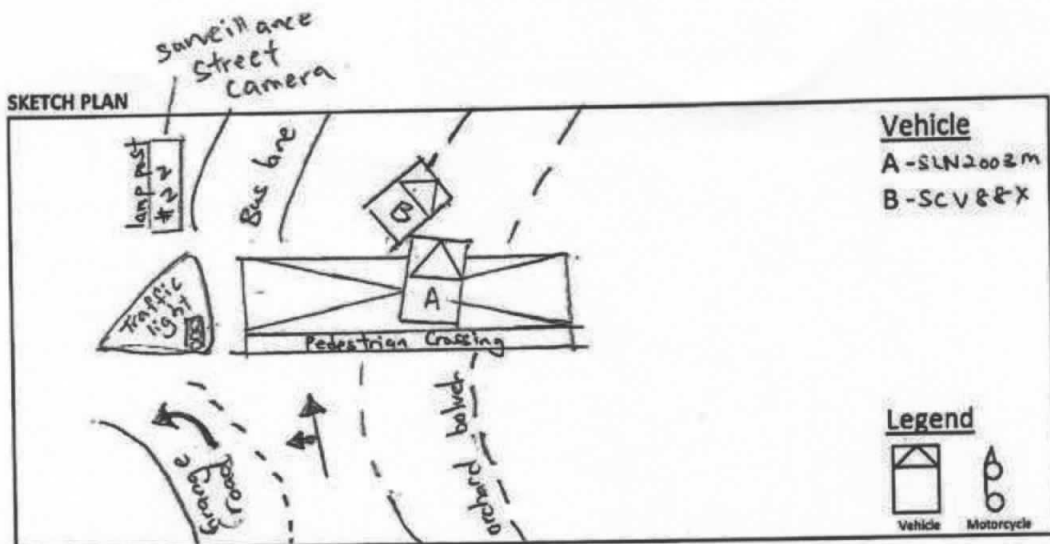
Driver's Signature

(If driver is not the policyholder)
Date & Time: 6/9/19
13:20

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/09/19 at around 3:05pm, I was travelling along Grange Rd towards Orchard Boulevard, 3rd lane of a 6 lane road in One Single Direction Traffic.

Subsequently a vehicle SCV88X, sped up and cut into my lane as we were negotiating a bend. SCV88X overtake me on the left and cut into my lane, brushed against my car and sped off. I chased after the car which showed no sign of stopping. After chasing for 100m, both cars pulled off by side of road. Because of Side Swipe, my front left bumper and tyre rim was damaged. SCV88X hind right bumper was damaged.

I wished to add driver did not stop immediately after accident and switched lane from lane 1 to 2 to 3 without signaling all these while, displaying extreme reckless driving, speeding, overtaking and cutting into lane and endangered our lives on road. She also refused to give me her driving licence or NRIC or real name or full name to file claim. She also refused to give me her contact number. Only after I said it's an offence to not furnish details then she unreluctantly gave me her contact number and name "Celine" only. She was super aggressive, extremely hostile and rude and I had to call Police for assistance. Both car passengers and driver suffered no injuries.

My in-car camera has no memory card but it happened near Lamp Post #22 and there is Street Surveillance Camera, after lodging police report, I went back to the scene and got this lamp post info to facilitate better investigation.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 6/9/19
13:20

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/9/19
13:20

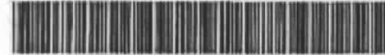
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Police report



**SINGAPORE
POLICE FORCE**



T/20190905/2177

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 4

Report No. T/20190905/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2019 23:31		Vide Report No.:		Station Diary No.: 263	
Informant's Particulars					
Name of Informant: LIM SEOW YUEN			Address: 2 JALAN TAMAN #02-03 SINGAPORE 329023		
ID Type / ID No.: NRIC NO / S8006641D			Contact No.: Home/Office: Mobile: 91807902		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 03/03/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: EVENT COORDINATOR			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/09/2019 15:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 GRANGE ROAD ORCHARD BOULEVARD Junction of Grange Road and Orchard Blvd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCV88X	Car	TOYOTA		Silver	Slightly Damaged	1
SLN2003M	Car	BMW	220i CONVERTIBLE LE HID NAV	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLN2003M	FWD Singapore Pte. Ltd	PNPV2017- 00006870-01	13/10/2018	12/10/2019

Police report



**SINGAPORE
POLICE FORCE**



T/20190905/2177

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 4

Report No. T/20190905/2177

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Celine	ID No.	NIL
Related Vehicle	SCV88X (Car)	Contact No.	86839339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM SEOW YUEN	ID No.	S8006641D
Related Vehicle	SLN2003M (Car)	Contact No.	91807902
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/09/2019 at around 3:05pm I was travelling along Grange Road towards Orchard Boulevard, 3rd lane of a 6 lane road. Subsequently a vehicle (SCV88X, Silver color Toyota) was speeding from the 2nd lane on my left side and cut into my lane at the Junction and brushed through my side bumper, my left side front bumper was damaged (a few scratches). The vehicle (SCV88X) did not stop after the accident and the driver continue driving and I had to gave a chase for like 100 meters and we stopped our vehicle at the side of the road. I came out of my vehicle and approached the driver to exchange particular, however she told me that she did not bring her driving license and identity card with her and she does not want to give her particular to me verbally. She only gave me her name and contact number that all. She was very rude during the whole conversation.

My car have In -Car camera however there is no memory card.

I wish to state that no one was injured and no government property was damaged.

I also wish to state that she was speeding and her reckless driving endangered my life during that time.

Police report



**SINGAPORE
POLICE FORCE**



T/20190905/2177

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 4

Report No. T/20190905/2177

CONTINUATION OF REPORT

Police report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190905/2177

4 of 4

Report No. T/20190905/2177

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 JORDON NG BENG SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2019 23:31
Officer In Charge Of Case: TR: GJA / Sgt SGT WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SIGNATURE